

**IN THE SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIA**

Plaintiff:

Vs.

Defendant:

Civil Action File No:

POVERTY AFFIDAVIT

Comes now _____, the Plaintiff in the above styled _____
_____ (Name of petition), being first duly sworn,
deposes and says:

1. That I, by reason of my poverty, am unable to pay the cost deposit required by O.C.G.A. §15-6-77 to file a civil case, in the Courts of Cobb County.
2. That I am _____ years of age, and my monthly household income is _____. A copy of my last two pay stubs/unemployment checks/ other proof of income source is attached.
3. That I live at _____, and pay _____ per month as rent.
4. My household consists of _____ number of people.
5. That I pay the following bills each month:

<u>Name of Bill</u>	<u>Amount of Bill</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. That I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

This the _____ day of _____, _____.

(Sign your name here in front of the Notary or Judge)

Address: _____

Telephone () _____

Sworn to and subscribed before me, this
_____ day of _____, _____.

NOTARY PUBLIC/ JUDGE
My Commission Expires:
(Notary Seal)